OMB Control No. 0660-0042 Expiration Date: 01/31/2021

U.S. Department of Commerce						2. Award or Grant	50-10-S18050		
SLIGP 2.0 Performance Progress Report							03-6000264		
						4. EIN: 6. Report Date	03-6000264		
1. Recipient Name	Vermont Department of Pul	blic Safety				(MM/DD/YYYY)	07/13/2020		
				7. Reporting Period					
3. Street Address	45 State Drive		End Date:	06/30/2020					
						(MM/DD/YYYY)			
E City State 7in Code	Waterbury VT 05671 1200					8. Final Report Yes	9. Report Frequency		
5. City, State, Zip Code	Waterbury, VT 05671-1300					res □ No ☑	Quarterly X		
10a. Project/Grant Period						NO 🗹			
	02/04/2040	10b. End Date:	02/24/2024						
Start Date: (MM/DD/YYYY)	03/01/2018	(MM/DD/YYYY)	03/31/2021						
11. List the individual projects in yo	ur approved Project Plan								
		NA/aa Abia Aakiiiiku	Duniant Dalivanahla						
	Activity Type (Planning,	Was this Activity Performed during the	Project Deliverable Quantity (Number &						
	Governance Meetings,	Reporting Quarter?	Indicator		Description of Milestone Category				
	etc.)	(Yes/No)	Description)						
		(Tes/No)	Description						
Activities/Metrics for All Recipients	during the Reporting Quarte	er							
1	Governance Meetings	No	0	Actual number of governo	ance, subcommittee, or working group meetings related to th	ne NPSBN held during t	he quarter		
2	Individuals Sent to	No		Actual number of individu	als who were sent to national or regional third-party confer	ences with a focus area	a or training track		
2	Broadband Conferences	NO	0	related to the NPSBN usin	g SLIGP grant funds during the quarter				
3	Convened Stakeholder	No		Actual number of events of	coordinated - or held using SLIGP grant funds during the quar	ter. as requested by Fi	rstNet.		
	Events		0			, ,			
4	Staff Hired (Full-Time Equivalent)(FTE)	No	0.00	Actual number of state pe	ersonnel FTEs who began supporting SLIGP activities during to	he quarter (may be a d	lecimal).		
5	Contracts Executed	No	0	Actual number of contrac	ts executed during the quarter.				
6	Subrecipient Agreements	Ne		Actual number of agreem	ants avacuted during the quarter				
ь	Executed	No	0	Actual number of agreements executed during the quarter.					
_	Data Sharing			Yes or No if data sharing policies and/or agreements were developed during this reporting qua					
7	Policies/Agreements	No		Yes or No if data sharing	rting quarter.				
	Developed Further Identification of								
8	Potential Public Safety	No		Ves or No if further identi	fication of potential public safety users occurred during this r	renorting quarter			
	Users	NO		res or two ij juriner tuentij	neution of potential public sujety users occurred during this i	eporting quarter.			
	Plans for Emergency								
9	Communications	Yes		Yes or No if plans for futu	re emergecy communications technology transitions occurred	d during this reporting	uring this reporting quarter.		
	Technology Transitions								
	Identified and Planned to			Yes or No if nublic safety i	applications or databases within the State or territory were	identified and transitic	on nians were developed		
10	Transition PS Apps &	No		this reporting quarter		uemigreu uma transitio	plans treie deteloped		
	Databases			, , ,					
11	Identify Ongoing Coverage Gaps	Yes		Yes or No if participated i	n identifying ongoing coveage gaps using SLIGP funds during	this reporting quarter			
	·			(Opt-In and Opt-Out Post-	SMLA Phase Only) Yes or No if participated in data collection	n activities as requeste	d by FirstNet or		
12	Data Collection Activities	No		following a documented o	data collection determination by Opt-Out (Post-SMLA) grante	es.			
Activities for Opt-Out States only in		the Reporting Quarter							
13	Stakeholders Engaged			Actual number of individu	als reached via stakeholder meetings or events during the q	uarter.			
	Education and Outreach								
14	Materials Distributed In-			Actual number of materia	ls distributed in-person during this quarter.				
	Person								
	Education and Outreach			Actual volume of hits or in	npressions to any website, e-newsletter, social media post, o	r other account suppo	rted by SLIGP during the		
15	Materials distributed			quarter.	, , , , , , , , , , , , , , , , , , , ,	,,,,,,			
	Electronically								

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11a. Narrative description for each (11.9) The Statewide Communication transceivers. Site visits and signal min coverage. (Other) The COVID-19 provides information for council me	ons Interoperability Plan wa leasurements were taken a emergency has delayed the	es updated to incorporate in t new sites in Shaftsbury ar e scheduling of the first med	nformation on broadb nd in West Bridgewat eting of the newly for	band technology and FirstN er. Staff also interviewed n rmed Emergency Communic	et developments. Tembers of the pul- cations Advisory C	(11.11) Two covera blic safety commun ouncil. As staff awa	nge reports were resear nities in those areas to d ait the first meeting, an	ched and written on new letermine whether they	ly activated FirstNet had noticed any change
		, a				ner emergency com			
12. Personnel									
12a. Staffing Table - Please include		ited time to the project wit	h current quarter's ut			yed by the state no	t contractors. Please d	not remove individuals	from this table.
Job Title	FTE%			•	ect (s) Assigned				Change
Single Officer	20%			ts, directs program manage			•		No
Program Manager	80%	Facilitates & executes coo	ordination efforts inclu	uding identified SLIGP activi	ies, RFP process, v	work with contracto	ors & support staff, & Fi	stNet outreach.	No
oosition will be discontinued and th		ed OII.							
13a. Contractual (Contract and/or Su	_ ' '	m this table should equal th	he "Contractual" in O	uestion 1/lf					
Name		nct Purpose	Type (Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
Геlevate	FirstNet Planning Process		Contract	Υ	Y	12/01/2018	11/30/2020	\$86,400.00	\$21,600.00
2h Namatina dassimbian ann shall					<u> </u>				
13b. Narrative description any chall DPS has received invoices from Tele	0 , , , ,			k All invoices were process	ad for navmant D	DC has not yet date	rmined whether additi	anal savarage testing we	ark will be done by
Televate.	evate for work completed o	in coverage testing or the Fi	irstnet-AT&T network	k. All invoices were process	ed for payment. D	PS has not yet dete	ermined whether additi	onal coverage testing wo	ork will be done by

## 14. Budget Worksheet

16b. Signature of Authorized Certifying Official:

Columns 2, 3 and 4 must match your current project budget for the entire award, which is the SF-424A on file.

Only list matching funds that the Department of Commerce has already approved.									
Project Budget Element (1)	NTE Total Federal Funds Approved (2)	NTE Total Matching Funds Approved (3)	NTE Total Budget (4)	Federal Funds Obligated to Date (5)	Matching Funds Approved to Date (6)	Total Budget to Date (7)	Federal Funds Expended (8)	Approved Matching Funds Expended (9)	Total funds Expended (10)
a. Personnel Salaries	\$179,471.00	\$65,203.00	\$244,674.00	\$179,471.00	\$65,203.00	\$244,674.00	133,375.38	\$79,061.95	\$212,437.33
b. Personnel Fringe Benefits	\$62,637.00	\$18,385.00	\$81,022.00	\$62,637.00	\$18,385.00	\$81,022.00	77,317.02	\$31,847.57	\$109,164.59
c. Travel	\$12,792.00	\$0.00	\$12,792.00	\$12,792.00	\$0.00	\$12,792.00	1,734.86	\$0.00	\$1,734.86
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$3,600.00	\$1,500.00	\$5,100.00	\$3,600.00	\$1,500.00	\$5,100.00	\$0.00	\$0.00	\$0.00
f. Contractual	\$86,400.00	\$21,600.00	\$108,000.00	\$86,400.00	\$21,600.00	\$108,000.00	70,866.00	\$0.00	\$70,866.00
g. Other	\$6,941.00	\$1,559.00	\$8,500.00	\$6,941.00	\$1,559.00	\$8,500.00	2,685.44	\$138.74	\$2,824.18
h. Indirect	\$81,147.00	\$0.00	\$81,147.00	\$81,147.00	\$0.00	\$81,147.00	53,047.43	\$0.00	\$53,047.43
i. Total Costs	\$432,988.00	\$108,247.00	\$541,235.00	\$432,988.00	\$108,247.00	\$541,235.00	\$339,026.13	\$111,048.26	\$450,074.39
j. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	75.33%	24.67%	100.00%
15. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purpose(s) set forth in the award documents.									
16a. Typed or printed name and title of Authorized Certifying Official:									
Terry LaValey, Director Radio Technology Services				code, number, and extension)	(802) 241-5215				

Public Burden Statement: According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information is estimated to average 12.5 hours per response. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Michael Dame, Program Director, State and Local Implementation Grant Program, National Telecommunications and Information Administration, U.S. Department of Commerce, 1401 Constitution Avenue, NW, Room 4078, Washington, DC 20230.

16d. Email Address:

Date:

terry.lavalley@vermont.gov